MASSACHUSETTS HIGHWAY DEPARTMENT

PRELIMINARY INFORMATION REQUEST FOR RECYCLED PRODUCT/MATERIAL APPROVAL

To ensure proper evaluation, please complete this entire form neatly and accurately. Please use additional sheets if necessary.

	Date:
Product Name & Description:	
Company Name:	
Contact Person:	
Address:	
Telephone/Fax:	
Email Address:	
Proposed Product Use(s) (if as substitute, please indicate	e):
Potential Product Benefits (financial, environmental, stru	uctural, etc.):
Recycled Material Component Content? (Material/Waste	Type, %)

Please specify any occupational safety and health concerns during production, placement and service life.	
placement and service me.	
How does this product compare to its conventional material counterpart? (Describe physical and chemical properties, recyclability, longevity, initial and lifecycle costs, etc.):	
Performance History from Previous Projects. (Please provide any examples of use ir other states):	
Patented? Yes No Applied for	
Please discuss product availability (quantity, geographical, seasonal, etc.)	
Matarial Casts?	
Material Costs? :	
Installation Costs?:	
Annual Maintenance Costs?	

Has this product received any prior approvals or rejections for use from MassHighwa	
or the Massachusetts Department of	of Environmental Protection? If so, please specify:
After completi	on, please return this form to:
Thom	nas F. Broderick, P.E.
	Chief Engineer
Massachus	setts Highway Department
	10 Park Plaza
Bost	on, MA 02116-3973